

Exavier Wardlaw
4601 Fern Hill Road
Philadelphia, PA 19144

2021 MAR 31 A 10:10

EDPA

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

EXAVIER WARDLAW

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

I.G.A. INTERNATIONAL MARKET
DWAYE ROGERS

COMPLAINT

Jury Trial: Yes No

(check one)

Alied Security Agency
John Doe (31) Security Guard

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>EXAVIER WARDLAW</u>
	Street Address	<u>4601 Fernhill Rd.</u>
	County, City	<u>Phila. Penn.</u>
	State & Zip Code	<u>Pennsylvania 19144</u>
	Telephone Number	<u>215-438-2042</u>

B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name I.G.A. International Market
 Street Address Wayne + Chelten Ave.
 County, City Philadelphia, Philadelphia
 State & Zip Code Pennsylvania 19144

Defendant No. 2

Name Allied Universal Security Service
 Street Address 1520 Cecil B. Moore Ave
 County, City Philadelphia, Philadelphia
 State & Zip Code Pennsylvania 19121

Defendant No. 3

Name Dwayne Rogers
 Street Address Wayne + Chelten Ave.
 County, City Philadelphia, Philadelphia
 State & Zip Code Pennsylvania 19144

Defendant No. 4

Name Show Doe security guard on 3/1/21
 Street Address 1520 Cecil B. Moore Ave
 County, City Philadelphia, Philadelphia
 State & Zip Code Pennsylvania 19121

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Civil Rights Act of 1964

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 1. G. A. MARKET
AT WAYNE AND CHELTEN AVE Phila. Pa

B. What date and approximate time did the events giving rise to your claim(s) occur? APPROXIMATELY, JAN. 10/21 AND MARCH 1/2021
AT BETWEEN 12 AND 2 PM

C. Facts: I WENT TO THE MARKET THAT I HAVE BEEN PATRONIZING FOR 50 YEARS. HAVING A RECENT UROLIFT I NEEDED TO USE THE MENS ROOM WHICH WAS OCCUPIED. THE WOMENS ROOM WAS EMPTY WITH 2 EMPTY STALLS I RUSHED IN AND WAS ASSAULTED FROM BEHIND, SNATCHED OUT OF THE BATHROOM THREATENED AND DENIED THE RIGHT TO USE THE BATHROOM OR BUY FOOD. THE 2ND INCIDENT ON MARCH 1 THE MENS ROOM WAS BEING MOVED. I WENT TO USE THE EMPTY BATHROOM AND WAS PERSUADE BY THE JANITOR AND SECURITY GUARD. AND WAS REMOVED FROM THE MARKET.

Who did what?

DWAYN ROGERS ASSAULTED AND THREATENED ME

Was anyone else involved?

STORE MANAGER "A" FOR INCIDENT #1

STORE MANAGER "B" FOR INCIDENT #2

SECURITY GUARD "A" FOR INCIDENT #1

SECURITY GUARD "B" FOR INCIDENT #2

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. _____

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of MARCH, 2021.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

E-mail Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20_____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 4601 Fernhill Rd. Phila. Pa. 19144

Address of Defendant: Wayne + Chelten Ave. Phila. Pa. 19144

Place of Accident, Incident or Transaction: I.G.A. Market Wayne + Chelten Ave.

RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when *Yes* is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? Yes No

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? Yes No

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? Yes No

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? Yes No

I certify that, to my knowledge, the within case is / is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: _____ Must sign here _____ Attorney-at-Law / Pro Se Plaintiff _____ Attorney I.D. # (if applicable) _____

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- 1. Indemnity Contract, Marine Contract, and All Other Contracts
- 2. FELA
- 3. Jones Act-Personal Injury
- 4. Antitrust
- 5. Patent
- 6. Labor-Management Relations
- 7. Civil Rights
- 8. Habeas Corpus
- 9. Securities Act(s) Cases
- 10. Social Security Review Cases
- 11. All other Federal Question Cases
(Please specify): _____

B. Diversity Jurisdiction Cases:

- 1. Insurance Contract and Other Contracts
- 2. Airplane Personal Injury
- 3. Assault, Defamation
- 4. Marine Personal Injury
- 5. Motor Vehicle Personal Injury
- 6. Other Personal Injury (*Please specify*): _____
- 7. Products Liability
- 8. Products Liability – Asbestos
- 9. All other Diversity Cases
(*Please specify*): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:

Relief other than monetary damages is sought.

DATE: March 31 202

David A. Kellman
Sign here if applicable

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.